

IMPORTANT PHONE NUMBERS

EDUCATION UNIT - INFORMATION LINE

1511 PONTIAC AVE. CRANSTON, RI 02920
(401) 462-8100 – “PRESS 1”

DR. JOHN E. DONLEY REHABILITATION CENTER

249 BLACKSTONE BLVD. PROVIDENCE, RI 02906
TEL: (401) 243-1200

RI DEPARTMENT OF LABOR AND TRAINING

1511 PONTIAC AVE. CRANSTON, RI 02920
TEL: (401) 462-8100
TDD: (401) 462-8006

WORKERS’ COMPENSATION COURT

ONE DORRANCE PLAZA PROVIDENCE, RI 02903
TEL: (401) 458-5000

MEDICAL ADVISORY BOARD

ONE DORRANCE PLAZA PROVIDENCE, RI 02903
TEL: (401) 458-3460

WORKERS’ COMPENSATION FRAUD UNIT

1511 PONTIAC AVE. CRANSTON, RI 02920
TEL: (401) 462-8110



E d u c a t i o n U n i t

RI Department of Labor and Training
Division of Workers’ Compensation
Information Line: (401) 462-8100 – “press 1”
Fax: (401) 462-8129

Equal Opportunity Employer/Program - Auxiliary aids and services are available upon request to individuals with disabilities - TDD: (401) 462-8006

E d u c a t i o n U n i t

**WORKERS’
COMPENSATION**

*A GUIDE FOR
INJURED WORKERS*



*Rhode Island Department of Labor and Training
Workers’ Compensation **Education Unit**
Telephone: (401) 462-8100 – “press 1”
revised 2/05 DLT-L-122*

WHAT IS WORKERS’ COMPENSATION?

The Rhode Island workers’ compensation system is a form of no-fault insurance designed to provide assistance to injured employees for medical expenses and lost wages. It applies to businesses with **one (1) or more employees**, unless otherwise exempt by law.

WHAT ARE YOUR RESPONSIBILITIES?

- ◇ **Report your injury or illness to your employer immediately or when it is determined that it is work related.**

If you are disabled from earning full wages for at least **three (3) days** or require medical treatment, your employer is required by law to file a First Report of Injury form with the RI Division of Workers’ Compensation within ten (10) days of the actual injury or knowledge thereof, or 48 hours if the injury is fatal.

- ◇ **Seek immediate medical attention.**

You may choose your first medical care provider

Your first visit to an emergency facility or to a company physician does ***not*** count as the first medical care provider. Your first provider may refer you to a specialist without prior approval from the insurer/self-insured employer.

If you decide to change doctors you must first find out if your employer or insurer has an approved list of physicians, known as the “Preferred Provider Network”. If so, you must either select a physician from that list or get the approval from the insurer or self-insured employer. To find out if an approved list of physicians exists, contact your employer/insurer.

If you are unable to obtain the name of your employer’s workers’ compensation insurer, please contact the **Division of Workers’ Compensation insurance carrier unit at: (401) 462-8116.**

You are entitled to receive a report from your physician within **ten (10) days** of the exam date.

◇ **PALLIATIVE CARE –**

After maximum medical improvement has been reached, most medical services will be considered palliative care and treatment is limited to **12** visits. If additional palliative care is required, the treating physician must obtain authorization from the insurer/self-insured employer. Disputes regarding the definition of “palliative care” are resolved by the Medical Advisory Board.

◇ **MEDICAL REVIEW –**

If your incapacity benefits continue for **26** weeks, the Medical Advisory Board may schedule a medical examination for you with an impartial medical examiner or a comprehensive independent health care review team. The results of the exam will be provided to you within **14** days. Failure to appear for this exam may be reason for suspension and termination of benefits. Repeat examinations **may** be scheduled every **13** weeks thereafter if there is a continuation of benefit payment.

◇ **ANNIVERSARY REVIEW –**

Any employee receiving weekly benefits for 52 weeks after a compensable injury may be scheduled for an anniversary review by the Workers’ Compensation Court. Unless waived by the employer, this review will be conducted annually while you receive incapacity benefits.

WHAT ARE YOUR BENEFITS?

No indemnity payment is paid for an injury which does not disable you for **three (3) days** from earning full wages. Benefits, if paid, begin on the fourth day following your incapacity date. You may also be entitled to:

- ◆ Medical treatment
 - ◆ Benefits for permanent scarring, loss of use, disfigurement, and occupational hearing loss
 - ◆ Benefits to dependents of employees who die as a result of their work-related injuries
 - ◆ Participation in a rehabilitation program
- You are entitled to any necessary rehabilitation

WHAT ARE YOUR REHABILITATION BENEFITS?

services to help you regain the ability to return to work. The Dr. John E. Donley Rehabilitation Center provides services for persons injured at work. Their services include physical, vocational and psychological rehabilitation. If you have questions about rehabilitation or Donley Center services, call (401) 243-1200 or visit www.dlt.state.ri.us

TOTAL DISABILITY is found only if you are unable to earn *any* wages in *any* employment. Weekly

HOW ARE YOUR BENEFITS DETERMINED?

benefits for total incapacity equal 75% of your spendable base wage. Loss of earnings from a second job are considered in determining your benefits rate, as are bonuses and overtime.

- **DEPENDENCY ALLOWANCE** – If you are **totally disabled**, there is a \$15 per dependent benefit. If the employee dies as a result of the injury, the dependency rate is \$40 per dependent.

PARTIAL DISABILITY may be considered even if you are unable to perform your regular job but you have the ability to perform *any* other type of work. The payment rate for partial is the same as for total, except that there is no payment for dependents.

- If it is determined that you are at **Maximum Medical Improvement**, your benefit rate may be reduced by 30% upon order of the Workers' Compensation Court.
- Unless otherwise determined by the Workers' Compensation Court, partial disability benefits are limited to **312 weeks**.

WHO IS RESPONSIBLE FOR THE PAYMENT OF BENEFITS?

Unless approved by the Department of Labor and Training for self-insurance, most employers by law must purchase workers' compensation insurance. The insurer is notified by the employer either by phone or mail of the injury/illness claim, and the file is assigned to an adjuster for investigation. If self-insured, the claim may be referred to an adjusting company. The insurer/self-insured employer has the right to pay or deny benefits. If paid, they have two payment methods available:

Non-Prejudicial Agreement – This document allows for payment for up to 13 weeks without accepting liability for your injury/illness.

- When benefits are terminated under the non-prejudicial agreement, you must be sent a "Termination of Benefits" form. If you receive workers' compensation payments for **more than 13 weeks**, the insurer/self-insured employer must accept liability for your injury.

Memorandum of Agreement – By filing this document, the insurer/self-insured employer accepts liability for your injury.

Either of these documents should arrive with your benefit check, or shortly thereafter.

You may be paid what is called a "provisional or temporary" amount by the insurer/self-insured employer until the appropriate wage form and/or dependency form has been received and the benefit rate can be calculated.

Note:

The insurer/self-insured employer is not obligated to take any action or respond to your injury/illness claim. However, you have the right to file a petition for benefits with the Workers' Compensation Court **21 days** from the injury date or notice thereof.

Your claim for compensation is barred unless payment of weekly compensation has begun or a petition has been filed at the court within **two (2) years** after the occurrence or manifestation of the injury or incapacity.

If you return to regular wages, you may be sent this

SUSPENSION AGREEMENT AND RECEIPT

form. Signing this form means that you agree that you were out for the stated period of time and that you received weekly compensation benefits for that time frame. Medical treatment may continue and it does not prevent you from claiming future weekly benefits, if appropriate.

You **may** have the right to return to your former

EMPLOYEE'S RIGHT TO REINSTATEMENT

position if you can perform the duties of the position with or without reasonable accommodations. You **may** be entitled to your position even if it has been filled by another worker.

If your former position is not available, you **may** be entitled to any other vacant and suitable position.

All disputes regarding reinstatement are heard by the Workers' Compensation Court.

If you have questions regarding your right to reinstatement, call the **Education Unit** at **(401) 462-8100—"press 1"**

COORDINATION OF BENEFITS

There may be an offset to the weekly benefit amount for those entitled to retirement. This offset will not include any benefits derived exclusively from your contribution.

There is **no** offset for those collecting retirement who are injured:

Before age 55 and more than
five (5) years prior to retirement

If you sustain an injury less than two (2) years prior to retirement, no indemnity benefits will be paid after retirement.

FRAUD AND ABUSE

It is unlawful to:

- Make or cause to be made any knowingly false or fraudulent statement or representation for the purpose of obtaining or denying any compensation.
- Make or cause to be made any knowingly false or fraudulent statements with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits.

Employees entitled to weekly compensation benefits must report *any* earnings. If you refuse to submit an earnings report upon request, your right to compensation may be suspended.

PROBLEMS OR ADDITIONAL QUESTIONS?

Call the **Education Unit** at (401) 462-8100 —
"press 1"

Monday through Friday from 8:30 a.m. to 4:00 p.m.

This guide is not a complete summary of your benefits and is not a substitute for legal advice.